

Application or Docket Number

10081430

(Column 1)

(Column 2)

	Column 1	Column 2
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

• If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

(Column 2)

Column 31

AMENDMENT A	CLAIMS REMANDING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total	20	Minus	20			
Independents	3	Minus	3			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

SMALL ENTITY
TYPE ☐

OTHER THAN
OR SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X30=		OR	X318=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	740

SMALL ENTITY

OTHER THAN
OR SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X50=	_____	OR	X518=	_____
X42=	_____	OR	X84=	_____
+140=	_____	OR	+280=	_____
TOTAL ADD. FEE	_____	OR	TOTAL ADD. FEE	_____

	ADD
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ADDI

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$8=		OR	X\$16=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

ADD:

	ADDA
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RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$ 18=	
X42=		X\$ 34=	
+140=		+280=	
TOTAL DONT FEE		TOTAL DONT FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number

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